

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 10/03/369	FILING DATE
						APPLICANT(S)	
CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1		1		1		
2	1		1		1		
3		1		1		1	
4	1		1		1		
5		1		1		1	
6		2		2		2	
7		3		3		3	
8	1		1		1		
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TOTAL IND.	4		4		1		
TOTAL DEP.		3		3		2	
TOTAL CLAIMS	4	3	4	3	1	2	

10-1350 (3-78)